

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/517579</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<div style="display: flex;"> <div style="width: 20px; text-align: center;">4</div> <div>Filing</div> </div>										
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Amendment</div> </div>			\$ <u>100</u>							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Extension of Time</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Notice of Appeal/Appeal</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Petition</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Issue</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Cert of Correction/Terminal Disc.</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Maintenance</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Assignment</div> </div>			\$							
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Other</div> </div>			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Overpayment</div> </div>		<div style="display: flex;"> <div style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></div> <div>Treasury Check</div> </div>								
<div style="display: flex;"> <div style="width: 20px;"></div> <div>Duplicate Payment</div> </div>		<div style="display: flex;"> <div style="width: 20px; text-align: center;"><input type="checkbox"/></div> <div>Credit Deposit A/C #:</div> </div>								
<div style="display: flex;"> <div style="width: 20px;"></div> <div>No Fee Due (Explanation):</div> </div>		<div style="display: flex;"> <div style="width: 20px; text-align: center;">9</div> <div> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> </div> </div>		2	3	--	0	6	5	0
2	3	--	0	6	5	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>J.H.</u>		TITLE: <u>Pauline</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: _____								
OFFICE: <u>PCT</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: